



## SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

### HOME AND COMMUNITY BASED WAIVER Policy Manual

**Section: SERVICES**

**Subject: Case Management**

**References: ARM: 37.40.1430**

### **DEFINITION**

Case management assists consumers in gaining access to needed Home and Community Based Services and other State Plan services as well as needed medical, social, educational and other services regardless of the funding source.

### **CASE MANAGEMENT ACTIVITIES**

Case Management includes the following activities:

1. Assessment – A comprehensive evaluation of the consumer's health, psychosocial, environmental and financial needs. This includes on-going assessment by the team of any evidence of abuse, neglect, or exploitation. (Refer to CSB 308).
2. Care Planning – Development of an appropriate and cost effective plan of care, which involves the Case Management Team, the consumer, the attending health care professional, family members and any other individuals selected by the consumer. Refer to HCBS 809 for discussion of Plan of Care requirements.
3. Service Management – Arranging for the provision of necessary services by agencies, family members and volunteers.
4. Monitoring – Monitoring of services being delivered and changes in the consumer's situation. Monitoring includes prior authorization of payment for all HCBS providers.
5. Initiating – The process of assessment and reassessment of consumer level of care, review Plans of Care at least every 180 days and when the consumer's status requires reassessment.
6. Health and Safety – The process of identifying health and safety issues, addressing strategies to help alleviate risk and

completing a risk assessment tool when necessary. See HCBS 899-29.

7. Mediation – Addressing problems related to services and providers.
8. Crisis Intervention – The process of responding to unexpected events and amending the service plan as needed.

### **LIMITATIONS**

A consumer receiving HCBS case management services is not entitled to receive case management services under another Medicaid program. Refer to HCBS 702 for service limitations.

### **NEGOTIATION OF FEES**

Case Management Teams (CMTs) are responsible to negotiate rates for HCBS services and provide negotiated rates to providers in writing.